

NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: High Dose IV IL-2 – Manages care and seeks to prevent complications in patients receiving IL-2.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Identifies rationale for the use of IL-2.	1	2	3	4	T			Unit Orientation IL-2 self-learning module Biotherapy lecture in Concepts in Cancer Care or Critical Care Fellowship Programs <u>NPCS SOP:</u> Cytotoxic or Biologic Agents, Care of the Patient Receiving Intravenous Webcast program for IL-2 Experience with preceptor	
2. Identifies IL-2 related side effects and interventions as they relate to each body system.	1	2	3	4	DR, T				
3. Identifies (pre)medications to treat the following: a. nausea & vomiting b. diarrhea. c. chills/fever d. rigors e. gastritis	1 1 1 1 1	2 2 2 2 2	3 3 3 3 3	4 4 4 4 4	DR, T DR, T DR, T DR, T DR, T				
4. Identifies information needed to make decision about next dose: a. vitals b. urine output c. breath sounds d. neuro status. e. rate of vasopressors f. recent labs	1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4 4	DR, T DR, T DR, T DR, T DR, T DR, T				
5. Verbalizes criteria for diuresing patient post IL-2: a. D/C vasopressors b. vitals c. breath sounds d. labs	1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4	DR, T DR, T DR, T DR, T				
6. Demonstrates proper calculation for IL-2 dose.	1	2	3	4	D				
7. Demonstrates safe administration of IL-2.	1	2	3	4	D				

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:_____